

FILED APR 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14398
1796

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|--|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) 41 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | 3698 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4612 Wornall Road | | | | d. STREET ADDRESS (If rural, give location) 4612 Wornall Road 8 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ANDREW | | b. (Middle) O. | | c. (Last) NILLES | | 4. DATE OF DEATH (Month) 4 (Day) 1 (Year) 53 | |
| 5. SEX D Ma | | 6. COLOR OR RACE Wh | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | | 8. DATE OF BIRTH 2-28-1882 | |
| 9. AGE (in years) 71 | | 10. MONTHS 1 | | 11. DAYS 4 | | 12. HOURS 53 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret'd Supt. | | 10b. KIND OF BUSINESS OR INDUSTRY Wheel Co. | | 11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois 1 | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Phillip C. Nilles | | 13b. MOTHER'S MAIDEN NAME No Record | | 14. NAME OF HUSBAND OR WIFE Alma H. Nilles | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none unknown) (If yes, give year or dates of service) No XX | | 16. SOCIAL SECURITY NO 510-05-9929 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dorothea Whitney, 4612 Wornall | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy & Dilatation DUE TO (c) Coronary Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201 | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00 A.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Jack H. Hill | | (Degree or title) D | | 23b. ADDRESS 24-05 5001 Wyandotte St. KCMO | | 23c. DATE SIGNED 1 Apr 53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 4/4/53 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City Mo. | |
| DATE REC'D BY LOCAL REG. 4-3-53 | | REGISTRAR'S SIGNATURE Geraldine Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE J. W. Wagner | | ADDRESS K 6 Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Alvin R. Harnisch

Licensed Embalmer No. *4159*

P. O. Address *K. e. Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.